

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 1 1

2. STATE:

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 7,048.00b. FFY 2005 \$ 1,762.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 4b
Attachment 3.1-B, Page 4c
Attachment 4.19-B, Page 3b9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same, Approved 11-19-91, TN 91-28

Same, Approved 11-19-91, TN 91-28

Same, Approved 06-30-93, TN 92-28

10. SUBJECT OF AMENDMENT:

The Arkansas Title XIX State Plan has been amended to implement coverage of home
peritoneal dialysis and self-dialysis training.

11. GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Roy Jeffus

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:
July 14, 2004

16. RETURN TO:

Division of Medical Services
P. O. Box 1437
Little Rock, AR 72203-1437Attention: Joie Wallis
Slot S295**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

13 JULY 2004

18. DATE APPROVED:

23 SEPTEMBER 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 OCTOBER 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Shirley M. Koppie for Andrew A. Fredrickson

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN health SVS

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 4b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

CATEGORICALLY NEEDY

9. Clinic Services (Continued)

(2) Family Planning Clinic Services

Services limited to family planning, reproductive health services and supplies.

(3) Maternity Clinic Services

Limited to antepartum and postpartum services.

(4) Ambulatory Surgical Center Services

Ambulatory surgical center facility services are limited to those services furnished in connection with or directly related to a surgical procedure covered by the Medicaid agency.

(5) End-Stage Renal Disease (ESRD) Facility Services

Covered services include:

- a) Outpatient hemodialysis and peritoneal dialysis treatment in a Title XVIII certified ESRD facility.
- b) Training for individuals who have been selected by their physician to participate in the peritoneal self-dialysis program.

Beneficiaries aged 21 and older are limited to 3 hemodialysis treatments per week. Beneficiaries under the age of 21 in the Child Health Services (EPSDT) Program are not benefit limited.

SUPERSEDES: TN- 91-28

STATE <u>Arkansas</u>	A
DATE REC'D <u>7-13-04</u>	
DATE APPV'D <u>9-23-04</u>	
DATE EFF <u>10-1-04</u>	
HCFA 170 <u>04-11</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 4c

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

MEDICALLY NEEDY

9. Clinic Services (Continued)

(2) Family Planning Clinic Services

Services limited to family planning, reproductive health services and supplies.

(3) Maternity Clinic Services

Limited to antepartum and postpartum services.

(4) Ambulatory Surgical Center Services

Ambulatory surgical center facility services are limited to those services furnished in connection with or directly related to a surgical procedure covered by the Medicaid agency.

(5) End-Stage Renal Disease (ESRD) Facility Services

Covered services include:

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- b) Training for individuals who have been selected by their physician to participate in the peritoneal self-dialysis program.

Beneficiaries aged 21 and older are limited to 3 hemodialysis treatments per week. Beneficiaries under the age of 21 in the Child Health Services (ESPDT) Program are not benefit limited.

SUPERSEDES: TN- 91-28

STATE <u>Arkansas</u>	A
DATE REC'D <u>7-13-04</u>	
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: October 1, 2004

9. Clinic Services (Continued)

(5) End-Stage Renal Disease (ESRD) Facility Services

Reimbursement is made at the lower of: (a) the provider's actual charge for the service or (b) the allowable fee from the State's ESRD fee schedule based on reasonable charge.

The Medicaid maximum is based on the 50th percentile of the Arkansas Medicare facility rates in effect March 1, 1988. Rates will be reviewed annually.

After discussion with CMS, it was determined that the Arkansas Medicare 75th percentile is considered the norm for Arkansas Medicare reimbursement. Since the State reimburses at Arkansas Medicare's 50th percentile, the reimbursement rates will not exceed Arkansas Medicare on the aggregate.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.

Effective for dates of service on and after October 1, 2004, the Arkansas Medicaid Program covers training in peritoneal self-dialysis for beneficiaries with end-stage renal disease.

Reimbursement for peritoneal self-dialysis and training has been established as follows.

The Arkansas Medicaid maximum allowable daily fee for training in continuous ambulatory peritoneal dialysis (CAPD) equals the maximum allowable daily fee (\$130) for a hemodialysis treatment plus \$12.00 per day. This is the same methodology used by Medicare to calculate their CAPD training reimbursement rate.

The Arkansas Medicaid maximum allowable daily fee for training in continuous cycling peritoneal dialysis (CCPD) equals the maximum allowable daily fee (\$130) for a hemodialysis treatment plus \$20.00 per day. This is the same methodology used by Medicare to calculate their CCPD training reimbursement rate.

10. Dental Services

Refer to Attachment 4.19-B, Item 4.b.(18).

CLINICAL SERVICES - 92-28

STATE	Arkansas	A
DATE RECD	7-13-04	
DATE APPR	9-23-04	
DATE EFF	10-1-04	
HCFA 179	04-11	